Saskatchewan
Health

ROSETOWN REGION NO. 7

ANNUAL REPORT 1986-87

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ACKNOWLEDGEMENTS

I express sincere thanks to the Program Managers for their contribution and committment in providing quality public health services to the residents of Health Region #7. I also thank Dr. Paul Schnee, Medical Health Officer, for his consultation and work in the Rosetown Region.

I extend special thanks to Jean Israel, Senior Steno and her clerical staff. It is through the dedicated efforts of our efficient support staff that the professional staff are able to carry out their programs effectively. We are grateful for the co-operation and high calibre of work performed by the clerical staff.

I invite you to read the 1986-1987 Annual Report. Program Managers have summarized their public health activities and services provided in the Rosetown Health Region throughout the past year.

Mrs. Beatrice M. Wichert
Regional Director

March 31, 1987

ROSETOWN HEALTH REGION NO. 7

REGIONAL BOARD MEMBERS

1986-1987

HEALTH DISTRICT NO. 1

Harry de Slegte
Box 483
ELROSE, Saskatchewan
S0L 0Z0

Telephone: 378-2205

PHOTO
NOT
AVAILABLE

Jean Kallio
Box 129
DINSMORE, Saskatchewan
S0L 0T0

Telephone: 858-2422

HEALTH DISTRICT NO. 2

Lorraine Grondin
Box 267
BIGGAR, Saskatchewan
S0K 0M0

Telephone: 948-2679

Betty Bateman
Box 23
KELFIELD, Saskatchewan
S0K 2C0

Telephone: 932-4967

HEALTH DISTRICT NO. 3

Linda Dagg
Box 175
BROCK, Saskatchewan
S0L 0H0

Telephone: 379-2058

Marjorie Woodley
Box 26
KERROBERT, Saskatchewan
S0L 1R0

Telephone: 834-2429

NOTE: Bernadette Gillies did not seek re-election, June 3, 1987.

HEALTH DISTRICTS - MUNICIPAL HEALTH REPRESENTATIVES

(As of March 31, 1987) (*Indicates Board Member)

HEALTH DISTRICT #1

MUNICIPALITY	REPRESENTATIVE	MUNICIPALITY	REPRESENTATIVE
Elrose	*Harry de Slegte	Plato	Vacant
Kyle	Dave Bottorff	Sovereign	Ada M. Webb
Outlook	Wilfred Helkenberg	Wiseton	Iris Turner
Rosetown	Signa Gilchrist	Coteau Beach	Willard Kallio
Zealandia	Louise MacDonald	R.M. #225	Brenda Hall
Beechy	Keith Andrews	R.M. #226	Ian Esson
Birsay	Marshall Coviello	R.M. #228	Helen Miller
Bounty	Kay Logan	R.M. #255	Jorgen Odegard
Broderick	Mary Lou Herron	R.M. #256	*Jean Kallio
Conquest	Patricia Klotz	R.M. #257	Karin Sothmann
Dinsmore	Vacant	R.M. #284	K. Ward McNichol
Glenside	Dorothy Rosa	R.M. #285	Maxine Prentice
Lucky Lake	Alvin Holbird	R.M. #286	Ruth Greer
Macrorie	G. A. Prentice	R.M. #287	Anna Bechard
Milden	Marie Kleven	R.M. #288	John Pankratz

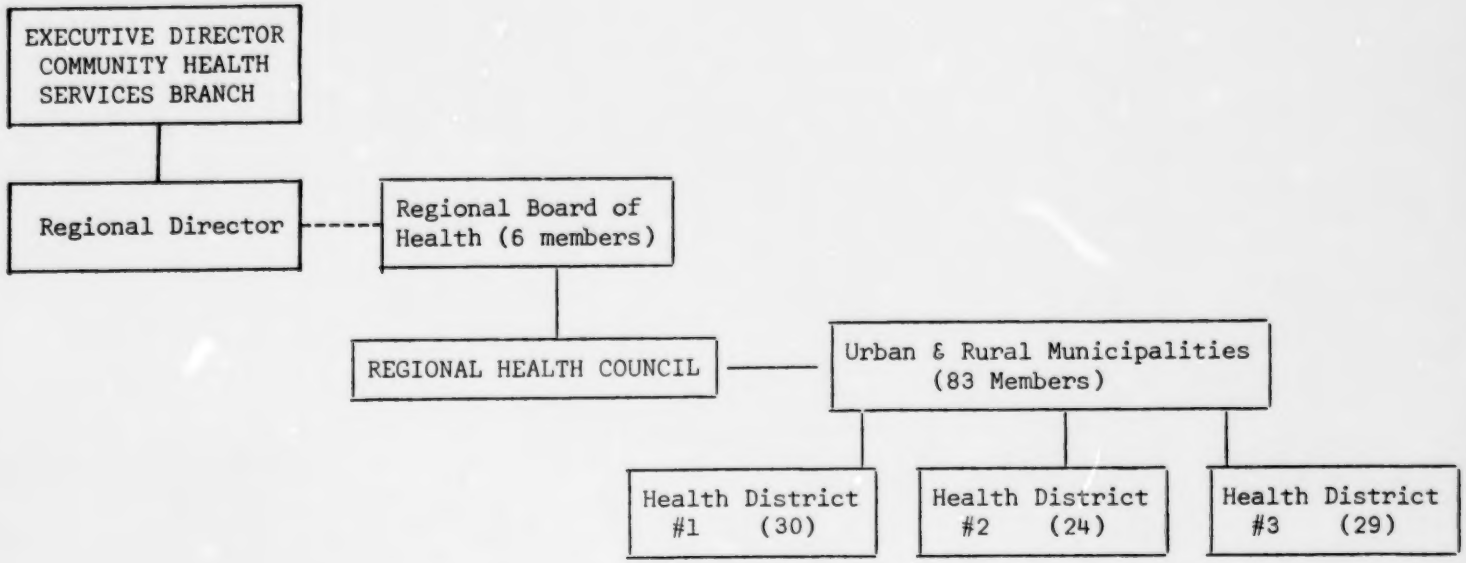
HEALTH DISTRICT #2

Biggar	*Lorraine Grondin	Springwater	Veril Bourk
Arelee	Thomas Fyson	Tessier	Blondal Johnson
Cando	Rosiland Guran	R.M. #316	Bryce McKenzie
Dodsland	Nora Seime	R.M. #317	Vicki Little
Handel	Steve Fruhstuk	R.M. #318	Ian McLeod
Harris	Peggy Garner	R.M. #319	Irene McIntosh
Herschel	Vacant	R.M. #346	Earl McMahon
Kelfield	Faith Weese	R.M. #347	Earl Danychuk
Kinley	Marion Fowler	R.M. #349	*Betty Bateman
Perdue	Bob Munday	R.M. #376	John Pavloff
Plenty	Maxine Woods	R.M. #377	Robert Fullerton
Ruthilda	Brian Shuttle	R.M. #378	Jerry Kirilenko

HEALTH DISTRICT #3

Eatonia	Mary Skjei	Netherhill	Judy Shaver
Eston	Charline Martin	Smiley	Brenda Anderson
Kerrobert	W. D. Johnston	Tramping Lake	Adam Frehlich
Kindersley	Ivy Nokelby	R.M. #259	Ronald Parson
Luseland	Carol Reiter	R.M. #260	Lois L. Haug
Alsask	Joe Borschneck	R.M. #261	Raymond Somerville
Brock	*Linda Dagg	R.M. #290	William K. Schmidt
Coleville	Lorne Mathison	R.M. #292	Robert J. Thomson
Flaxcombe	Barbara Hilts	R.M. #320	Maxine Schmidt
Glidden	Lois L. Haug	R.M. #321	Beverley Kaufman
Loverna	Chester Foss	R.M. #322	J. Albert Whittleton
Madison	Judy Douglas	R.M. #350	*Marjorie Woodley
Major	Louise Kollman	R.M. #351	Duane Myers
Mantario	Robert A. May	R.M. #352	Mike Stang
Marengo	Clayton M. Cook		

ROSETOWN REGIONAL BOARD AND COUNCIL
STRUCTURE AND ORGANIZATION



THIS DIAGRAM SHOWS THE THREE HEALTH DISTRICTS WITH THE NUMBER OF THE MUNICIPAL HEALTH REPRESENTATIVES IN EACH. EACH MUNICIPALITY (TOWN, VILLAGE AND R.M.) SELECTS ONE MEMBER FROM THE COUNCIL OR AN INTERESTED COMMUNITY MEMBER TO BE THEIR MUNICIPAL HEALTH REPRESENTATIVE. THE REGIONAL BOARD MEMBERS ARE ELECTED AT THE ANNUAL MEETING FOR A THREE-YEAR TERM. THE TERM OF OFFICE TO THE BOARD IS STAGGERED SO THAT TWO MEMBERS ARE ELECTED EACH YEAR.

MESSAGE FROM

CHAIRPERSON OF THE BOARD

Lorraine Grondin

It gives me pleasure to present my 1986-87 Report. Our six member Board met a total of six times throughout the year to deal with health matters and concerns.

I was pleased to welcome two newly-elected Municipal Health Representatives to the Regional Board. Both Linda Dagg of Brock and Harry de Slegte of Elrose have been contributing members at our meetings.

Marjorie Woodley, Board Member, and myself attended the Field Staff Conference in April 1986. The Board members met as a Provincial group in the afternoon, but were disappointed that the Minister was unable to join them. Mr. Lloyd Sauder, M.L.A., was present in order to relay concerns to the Minister. The major concern expressed was problems with twinning of Senior Public Health Inspector positions. Other items discussed included: The Orientation Manual, the Municipal Health Representative brochure, Medicine Cabinet Clean-up, Fall Orientation Inservice Seminar for Municipal Health Representatives, and Community Therapy Program.

Municipal Health Representatives from Health District #3 held their Council meeting in Kindersley in April 1986 and the Annual Meeting of Municipal Health Representatives was held in Rosetown in June 1986.

The second annual Orientation Inservice Seminar was attended by 53 Municipal Health Representatives in October 1986. The one-day educational seminar resulted from a recommendation made by the Ad Hoc Committee in its 1984 Report on the Role of Regional Boards of Health. The seminar dealt with the role responsibility of Municipal Health Representatives and presentations were given on Alcohol and Drug Abuse and the Sask. Aids to Independent Living (S.A.I.L.) program.

A meeting of Regional Board Chairpersons and Regional Directors was held with Mr. Stan Malach, Executive Director, Community Health Services Branch in Saskatoon in February 1987. George Loewen, Associate Deputy Minister outlined the strategies the government is considering in reducing the provincial deficit and asked for suggestions for increasing revenue and reducing the expenditures.

Mr. Stan Malach summarized the activities of the Orientation Inservice Seminars. He stated that Municipal Health Representatives indicated a willingness to become involved in promoting preventative health measures in their own communities. It was on this note that Mr. Malach challenged the Regional Board and each Municipal Health Representative to develop two achievable objectives during 1987.

The Rosetown Regional Board has established two objectives for the Region. They are: (1) "to raise public awareness of the increase of Rabies in animals and what measures should be taken to protect people and pets", and (2) "to develop a buddy system for the bereaved and lonely".

Letters have been mailed to all Municipal Health Representatives requesting that they set two objectives for themselves that can be accomplished during 1987.

The Regional Board last year decided to support the S.G.I.'s Lights-On-For-Life campaign. We as a group of Municipal Health Representatives can set an example to the public by driving with our lights on during daylight hours. We can also encourage our family, friends and community members to use their lights when driving in the daytime. We also support the use of seat belts in vehicles.

The Board had a great deal of concern about the absence of seat belts in school buses. In pursuing this problem, we have gained information from U.S. Transport and Transport Canada that "passive protection" was the best method to transport children. All new buses are legislated to have high back seats, padded seat backs, padded seat rails and stanchions and specific seat centre distances.

Another concern that the Board have been grappling with is the safety of A.T.V.'s especially 3-wheelers and whether children should be allowed to drive them. A committee chaired by Linda Dagg of Brock has been formed to see whether a Safety Course on driving A.T.V.'s is warranted in the Kindersley area.

A letter was sent to the Minister Responsible for Liquor Boards requesting that beverages with an alcohol content over .5 percent be controlled. Currently there are at least two products on the market which are readily available to children.

The Orientation Manual for Regional Boards of Health and Municipal Health Representatives was distributed. This blue loose-leaf booklet contains information about the Health Region, Community Health Programs and the responsibilities of the Regional Board and Municipal Health Representatives.

The pamphlet entitled "Your Municipal Health Representative" has been published and may be given out to your Council and others in the community.

We have 13 new people named as Municipal Health Representatives for 1987. I welcome them and hope that they participate fully by becoming actively involved in promoting preventive health measures in their community. Each Municipal Health Representative is in a position to be a public health advocate as he/she know the people in their district. Community concerns can be brought to the attention of the public health staff or Regional Board and alternately residents of your area can be kept informed about public health policy and programs.

I would like to express my sincere appreciation to the Regional Board of Health for their support and dedication over the past year. Special thanks to Bernadette Gillies who chose not to run for office last June.

On behalf of the Regional Board and myself, I express sincere thanks to the staff of the Rosetown Health Region for the excellent work they do in preventive health services. A thank you as well to Dr. Schnee, Maggie Pioro and Cameron Barr who also provide services in Health Region #7.

REGIONAL DIRECTOR

Mrs. Beatrice M. Wichert

REGIONAL NURSING SUPERVISOR

Mrs. Jean I. Porter

SENIOR PUBLIC HEALTH INSPECTOR

Mr. John Johnson

SENIOR CLERK TYPIST

Mrs. Jean Israel

PUBLIC HEALTH NURSE II

Ms. Fay St. Marie
(Resigned July 18/86)

PUBLIC HEALTH INSPECTOR II

Mr. David Smith

MEDICAL HEALTH OFFICER

Dr. Paul Schnee

REGIONAL NUTRITIONIST

Ms. Maggie Pioro

CHIROPODIST

Dr. Nicholas Perry
Miss Sydney Steer
(Chiropody Assistant)

SPEECH/LANGUAGE PATHOLOGISTS

Miss Christine Bolen
(Resigned May 21/86)
Mrs. Lori Bastness Olson

EARLY CHILDHOOD PSYCHOLOGIST

Mr. Cameron Barr

ROSETOWN

Rosalie Tuchscherer, Public Health Nurse I
Carolyn Gabriel, Public Health Nurse I
Karen Brown, Clerk Steno II
Susan Brooks, Clerk Steno II
Brenda Anderson, Public Health Nurse I (part-time)
Corrine Friend, Community Therapist (part-time) (resigned Feb. 13/87)

BIGGAR

Dianne Bateman, Public Health Nurse I
Jacqueline Wylie, Public Health Nurse I
Ronald Belak, Public Health Inspector I
Merle Klein, Clerk Typist II (part-time)
Lee Hall, Community Therapist (part-time)

KINDERSLEY

Marilyn Stevenson, Public Health Nurse I
Esther Peever, Public Health Nurse I
Beverly Leipert, Public Health Nurse I
Terrence Gibson, Public Health Inspector I
Wilma Hillacre, Clerk Typist II (part-time)
Lenore Delday, Clerk Typist II (part-time) (resigned Mar. 31/87)

KERROBERT

Doreen Briggs, Public Health Nurse I
Maggie Sim, Public Health Nurse I (Position Sharing, Sept. 1/86)
Lorraine Cholin, Clerk Typist II (part-time)

OUTLOOK

Donna Deugau, Public Health Nurse I
Carolyn Koop, Public Health Nurse I
Brenda Smith, Public Health Nurse I (Position Sharing, Sept. 1/86)
Lois Jacobson, Clerk Typist II (part-time)

REGIONAL DIRECTOR'S REPORT

Beatrice M. Wichert

I am pleased to present the 1986-87 Annual Report for Rosetown Health Region No. 7. We have had a very interesting year with many changes.

Rosetown Region, upon request, provided some short-term services to Saskatoon Rural Region. Fay St. Marie acted as Regional Nursing Supervisor from April until July and beginning in March 1987 our Chiropody Team will provide four clinic days per month in the Saskatoon Office.

The Kerrobert Public Health Office was relocated from the basement level to the main floor in the building adjoining the hospital.

Responsibility for the provision of the Community Therapy Program was transferred to Community Health Services Branch on October 1, 1987. The two Community Therapy positions allotted to us have been filled by Physiotherapists working on a part-time basis.

We held an Open House in Rosetown in November to promote the enriched Preschool Core Services Program. Specific elements of the program were demonstrated to invited guests. The media gave us some publicity in their weekly newspapers.

Wheatlands Project for Persons Who Are Handicapped has formally ended. Home Care Boards have agreed to follow up on the Wheatlands Project's work on a trial basis.

The Early Childhood Team meet regularly to identify preschool children with special needs and develop strategies to obtain and co-ordinate the services they require.

The Regional Early Childhood Co-ordinating Committee which includes workers from Health, Education, and Social Services met periodically. This structure was developed to ensure that preschool children with special needs would not fall between the cracks but would receive the appropriate service.

We have been holding regular meetings with physicians in Rosetown, Biggar and Kindersley to exchange and share information relative to public health programs. This opportunity for communication with the physicians has proved valuable in developing good working relationships.

Discover Health talks have been aired over CJYM twice a day Monday through Friday to promote healthy life styles and to raise the awareness of the public on preventive health measures.

Rosetown Health Region has established a smoke-free work environment. The co-operation of staff in supporting the policy has resulted in a smooth implementation of a healthier work environment.

In March 1987, the Government developed some pretty tough measures to reduce expenditures. In view of the large provincial deficit and the poor economic situation, the Government has taken the following downsizing strategies:

a) Delete all unencumbered vacancies.

b) Offer an Early Retirement Program.

Through this process we lost two positions that were vacant and one position due to Early Retirement. Remaining staff are doing a magnificent effort of covering off these losses. The Department of Health will be in a state of reorganization over the next few months. However, I am sure that the changes will be beneficial and that the staff, Regional Board, and Municipal Health Representatives will emerge even stronger in their work and committment on behalf of preventative health programs and services.

I thank Lorraine Grondin, Board Chairperson, and the Regional Board of Health for their committment and the positive approach taken to developing safe, effective public health services for the citizens of Health Region #7.

I also express my sincere appreciation of Municipal Health Representatives who have supported public health services in their municipalities. Municipal Health Representatives form a very efficient network to promote health and prevent disease. I have appreciated my association with all of you.

I express my heartfelt thanks to the staff in the Rosetown Health Region for their confidence and co-operation given to me over the past 16 years. Thank you to Dr. Paul Schnee, Medical Health Officer, and to Mr. Stan Malach, Executive Director, Community Health Services Branch, for your advice and support.

I will be resigning from my position on May 31, 1987. I am proud to be an employee of Community Health Services Branch, hence I will be leaving with some regrets. Public Health has become a good part of my life.

I have enjoyed my association with you and shall miss you all.

MEDICAL HEALTH OFFICER'S REPORT

Dr. Paul Schnee

Comments on Communicable Disease Control

Rubeola (Measles) and Other Measles-Like Rashes

Forty-eight cases of rubeola were reported this year. The cases of rubeola started on the west side of the region and have gradually spread toward the eastern areas. Nearly all affected cases had been immunized. However, since vaccine is 85-90% effective, numerous cases still occurred in the adolescent age group.

There have also been some cases of rubella (12) and of Fifth Disease and Scarlet Fever which may be confused with red measles (rubeola). Without laboratory tests it is difficult to be sure of the diagnosis.

Hepatitis B

A gradual increase in the number of identified Hepatitis B carriers is occurring; these are usually mothers who are discovered during pregnancy. The infants are immunized at birth.

Rabies

The number of rabid skunks is very high in the region. Rabies vaccine was given to eight people who were bitten by either suspected or confirmed rabid animals.

Haemophilus Influenza Meningitis

Two children in the region contracted haemophilus influenza meningitis. One in the late fall died and one in early spring recovered fully. Both cases triggered a deluge of calls from parents regarding vaccine. This vaccine may be obtained from the family physician and is given to children age 2 - 5 years of age. Saskatchewan Health has not purchased the vaccine as they are waiting for one which can be given to infants starting at age 2 months.

Mose cases of this disease occur in children who are under age 2 years. Rifampin (a prophylactic medication) was provided to the children under 4 years of age who were contacts of the cases.

Meningococcal Meningitis

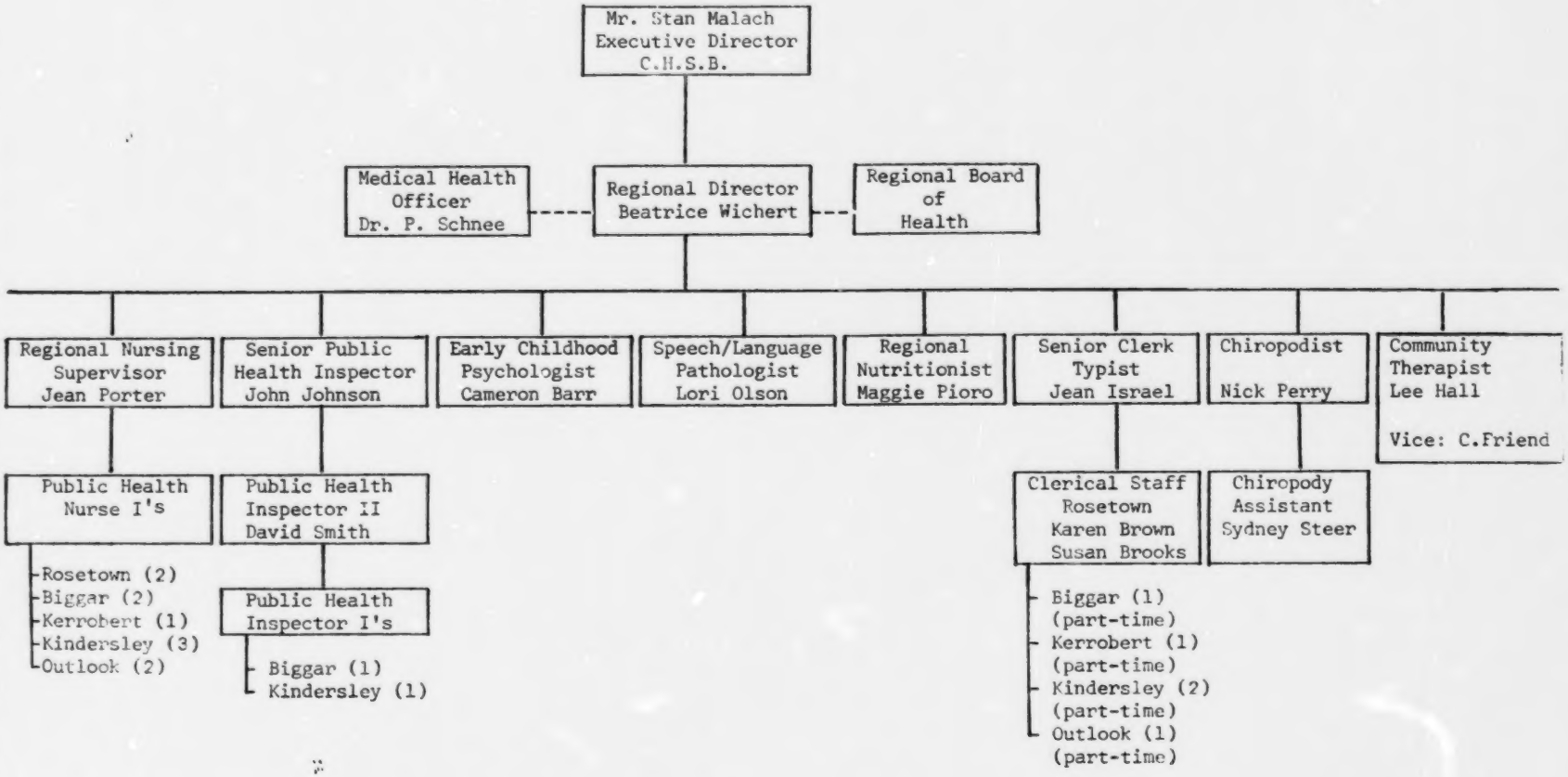
One case of meningococcal meningitis occurred in a child. Rifampin was supplied to children who were close contacts of the child.

COMMUNICABLE DISEASES REPORTED

	1983-84	1984-85	1985-86	1986-87
Campylobacter	0	0	5	5
Chickenpox	-	0	19	48
Diphtheria Cases	0	0	0	0
Food Poisoning	-	0	0	0
Gastroenteritis (E. Coli)	5	10	0	6
Giardiasis	0	7	0	4
Hepatitis: A	2	8	1	3
B - Cases/Carriers	2	1	3	4
Measles (Rubeola)	0	0	1	*6 (42)
Meningitis/Encephalitis (Total)	0	11	2	3
- Haemophilus	-	-	0	2
- Pneumococcal	-	-	0	0
- Other Bacterial	-	-	0	0
- Viral	-	-	2	1
Meningococcus	-	0	0	1
Mononucleosis (Infectious)	-	0	0	0
Mumps	-	0	0	0
Pertussis (Whooping Cough)	0	2	1	0
Rubella	0	0	0	12
Salmonellosis	11	4	4	8
Shigellosis (Bacilliary Dysentery)	4	4	0	1
Tuberculosis	0	2	2	0

*Rubeola - 6 = confirmed measles (confirmed by laboratory tests)
(42)= clinical measles (diagnosis based on clinical symptoms only)

ROSETOWN HEALTH REGION NO. 7
ORGANIZATION CHART



March 31, 1987

PUBLIC HEALTH NURSING REPORT

Mrs. Jean I. Porter

1986-1987 was a year of change for nursing in staffing and in programs. One Public Health Nurse was absent due to surgery and two were absent due to maternity leave. Fay St. Marie, Public Health Nurse II, provided Saskatoon Rural Health Region with partial coverage of the Regional Nursing Supervisor position from April 1986 to her resignation in July. We were fortunate to have Brenda Anderson of Biggar providing some temporary part-time relief for the various leaves throughout the year.

We were pleased to implement the position-sharing of two Public Health Nurse I positions. In September, Maggie Sim assumed a shared position with Doreen Briggs at Kerrobert and Brenda Smith joined Carolyn Koop at Outlook. Each nurse has her own district to cover and shares in prenatal classes and the Child Health Clinics held in the district office. Work time is arranged so that the nurses do not work on the same day except for staff conference day. They, therefore work half time. If one sharer goes on leave the other may work up to 90% of the time.

Implementation of the "Passport to Health" program for infants and pre-school children continued. The seven core elements, physical assessment, nutrition assessment, developmental assessment, vision screening, hearing screening, speech and language screening and immunization were offered at Child Health Clinics at the seven targetted ages, 2 months, 4 months, 6 months, 1 year, 1½ years, 3 years, and 4 years. The public was made aware of this program through pamphlets, posters, newspaper articles, radio talks, and an Open House held in Rosetown.

In order to evaluate these programs intensive changes in our recording system were required. Many hours were devoted to learning the new recording system and documenting need for changes. The vision screening program was selected for a complete evaluation by Public Health Nursing. We also participated in the evaluation of "The Communication Screen" conducted by the Speech Language Pathologists. The review of these programs may result in some changes in each of the elements. The many changes in collecting statistics has made it difficult to provide statistics to compare with other years as changes occurred at several different times.

Child Health Clinic attendance has continued to be very good. We must continue to urge parents to advise us if they cannot keep appointments as this results in people waiting for service unnecessarily. There is sufficient time to accommodate all the children if the appointments are utilized properly.

Relocation of several clinic sites has occurred. Perdue clinic is now held in the library and Sonningdale is now at the dental room in the newly renovated school. Handel clinic has been moved to a more convenient room but remains in the school. Alsask Air Force Base is closing, necessitating a move to the Senior Citizens Centre.

Prenatal classes have undergone a revision. We now have a manual that all Public Health Nurses in Community Health Branch use to conduct prenatal classes. The staff were orientated to the use of the manual in preparation for implementation January 1, 1987. Classes were well utilized during the year, however, we would like to see more couples attending classes early in their pregnancy.

The "Discover Health Seminar" for delegates from each Grade 6 classroom was received enthusiastically by the eighty delegates. This year a section dealing with alcohol and drugs was added as well as a "Health Fair" with displays the students visited during registration. Evaluations were very positive.

A workshop about immunization for Health Care Workers was held in November, 1986. Nurses from hospitals and special care homes attended. There have been many inquiries from this group as they are working toward bringing their staff immunization up to date.

Student field experience was provided for three post R.N. degree students this year. Two students spent two weeks in Kindersley with the Public Health Nurses there and a third spent two weeks field experience in Rosetown in April of 1986 with some additional time in Biggar in January 1987 for another class.

Field experience was arranged for a medical student who was spending six weeks in the Rosetown Hospital and Medical Clinic. Interviews and/or observational experience were arranged with Public Health Staff, Home Care, Mental Health Services and Rehabilitation Services.

I would like to take this opportunity to commend the nursing staff on the way they have adapted to the many changes and co-operated in the implementation of the new programs despite the vacancy of the Public Health Nurse II position and other staff shortages.

PUBLIC HEALTH NURSING SELECTED STATISTICS

	1984-85	1985-86	1986-87
Nursing Days	2044	1907	2032
Home Visits Made	1613	1472	1508
Prenatal Program			
Home Visits	129	112	77
Other Interviews/Contacts	220	137	125
Prenatal Classes Held	135	120	157
Total Attendance - Mothers	968	933	885
- Fathers	760	798	771
Postnatal Program			
Home Visits Made Within 30 Days of Delivery	629	642	643
Other Interviews/Contacts	130	119	149
Child Health Centres			
Child Health Centres in Operation	24	22	22
Child Health Conferences Held (1 CHC = 1 PHN = 1/2 day)	1037	1078	Not Available
No. of CHC Appointments Available	Not Available	Not Available	5641
No. of CHC Appointments Made	Not Available	Not Available	5351
*No. of CHC Appointments Kept	Not Available	Not Available	4914
No. of CHC Appointments Not Kept	Not Available	Not Available	461
Total Attendance of Infants at CHC	2530	2447	Not Available
Total Attendance of Preschool at CHC (13 Month - School Entry)	3253	3243	Not Available
Total No. of Children Seen at CHC	5783	5690	4914*

*This does not include visits to Child Health Centre for immunization only or for second screenings. These would amount to approximately 500-600 additional children.

	1984-85	1985-86	1986-87
School Health Services			
Total School Enrollment	7948	8086	8052
Teacher/Nurse Conference re: Program	249	255	260
Teacher/Nurse Conference re: Student	270	242	314
Students Inspected - Basic	39	19	228
- Rapid	308	341	1332
- Follow-up	1161	1046	2031
School Presentations	107	78	86
Student Attendance	--	--	2469
Students Discussed with Parents	--	--	452
Miscellaneous Services			
Home Visits to Adults Over 65	255	194	293
Home Visits to Mentally Ill	13	6	3
Home Visits to Physically Handicapped	79	49	37
Home Visits to Mentally Handicapped	16	7	13
Total Official Visits (Doctors, Dentists, Social Worker, etc.)	928	761	992
Group Education and Meetings Attended (Other than in School)	138	109	119
Immunization			
Infants (0 - 1 year)			
D.P.T. or D.T. - 3 doses given	674	706	676
Oral Polio Vaccine (O.P.V.) - 3 doses	681	705	688
Children (1 - 7 years)			
D.P.T. or D.T. - 3 doses	28	39	29
Oral Polio Vaccine (O.P.V.) - 3 doses	--	--	31
Mumps, Measles & Rubella (M.M.R.)	715	741	706
Reinforcement Doses D.P.T./D.T.	1511	1680	1375
Reinforcement Doses O.P.V.	1508	1664	1354
Children (7 years to School Leaving)			
Reinforcement Dose of T.d.	637	543	**1104
Reinforcement Dose of O.P.V.	646	531	**1084
Mumps, Measles & Rubella (M.M.R.)	14	21	15

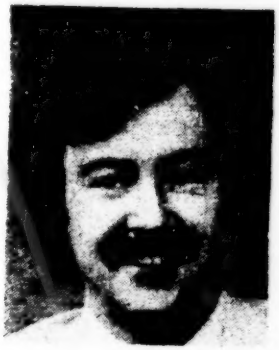
	1984-85	1985-86	1986-87
Mumps	27	22	8
Rubella	286	217	228
Measles	2	7	0
Adult			
Total Immunizations	94	179	60

**Two age groups were done this year, 14 year olds and 15 year olds, to get in line with the new program of giving reinforcement doses at 4 years and 14 years.

PUBLIC HEALTH INSPECTION REPORT

Senior Public Health Inspector
- John Johnson

Public Health Inspector II
- David Smith



Public Health Inspection duties are many and varied from inspection of food service facilities to inspection of private sewage disposal systems; from plumbing inspections of new homes to investigating complaints related to a variety of items. Complain investigations cover a wide spectrum - insects, waste dispcsal, dogs, air quality, food service facilities, etc. I won't go into detail of the investigations but wish to add that complaintinvestigations often require both time and attention and often disrupt schedules.

Rabies is prevalent in the region. There has been an alarming increase in the number of positive specimens. Skunks have been the major source of concern, however it is the contact with domestic animals such as cats or cattle that has resulted in most of the human contacts. A rabies information program has been developed for presentation to children in the primary grades. The Public Health Inspectors will be visiting schools to present the program during the coming year.

Public Health Inspectors play an educational role in the community. The previously mentioned Rabies Educational Program is one aspect. Training programs have been presented for food service workers in eating establishments, hospitals and nursing homes as well as to community groups who cater to local banquets. A new educational program "Think Clean" has been received for presentation in the coming year. "Think Clean" is a program designed specifically for food service workers in such institutions as hospitals and nursing homes.

In order that you may readily compare our past and previous years activities the statistical report on the following page contains a side-by-side comparison of the figures for the past two years.

I wish to take this opportunity to thank the inspectors, David Smith, Public Health Inspector II in Rosetown; Ron Belak, Public Health Inspector in Biggar; and Terry Gibson, Public Health Inspector in Kindersley, for their dedication and co-operation during the past year. The contributions of the clerical staff and co-operation of other staff members is also appreciated.

PUBLIC HEALTH INSPECTION SELECTED STATISTICS

	Field Visits		Formal Inspections	
	1985-86	1986-87	1985-86	1986-87
Public Eating Establishments	295	385	204	284
Food Processing and Distribution	90	115	83	75
Liquor Outlets	91	99	50	35
Communal Water Supplies	3	0	0	0
Private Water Supplies	14	20	--	--
Public Water Supplies	13	8	34	14
Communal Sewerage Systems	5	0	0	0
Private Sewerage Systems	13	7	--	--
Public Sewerage Systems	4	0	--	--
Solid Waste Disposal	38	47	0	0
Liquid Waste Transport	2	0	0	0
Hospitals	5	12	4	15
Schools and Institutions	14	16	16	17
Housing	49	45	--	--
Trailer and Mobile Home Courts	22	11	8	5
Hotels and Motels	65	71	57	55
Industrial Facilities	0	7	0	0
Swimming Pools	71	95	25	13
Agricultural Facilities	11	15	--	--
Recreational Facilities	64	52	23	13
Public Facilities	1	4	0	0
Plumbing	371	295	--	--
Investigations	15	38	--	--
TOTALS	1256	1342	504	526
			% of time spent	
			32%	34%

	Field Visits 1985-86	1986-87	
General Services (In Hours)			
Travel	871	916	
Meetings	266	276	
Surveys	0	1	
Monitoring	17	10	
Training Courses	123	113	
Other	137	182	% of time spent
TOTALS	1414	1498	26% 27%
Other Services (In Hours)			
Projects	111	65	
Staff Meetings	154	125	
Staff Development	394	295	
General Administration	1630	1742	% of time spent
TOTALS	2289	2227	42% 39%

EARLY CHILDHOOD PSYCHOLOGY REPORT

Cameron Barr

An Early Childhood Psychologist provides psychological services to children age birth to 5 years and their parents. Children are referred to the Early Childhood Psychologist for developmental, behavioral, and multiple problems. Most referrals are made by the Public Health Nurses and the Speech Language Pathologists but referrals are also accepted from parents, physicians, and agencies such as Social Services. The activities of an Early Childhood Psychologist can be broken down into the areas of casework, consultation, public education, professional development, and administration.

Work in each of these areas is described as follows:

Casework

This aspect of Early Childhood Psychologist's work involves assessment, counselling, report writing, and other activities directly related to a child. The chart following this report provides a statistical description of the number of children seen in the Rosetown Health Region. These children were seen in Rosetown, Kindersley, Kerrobert, Biggar, Outlook, and a couple of children in Saskatoon. Children who required further specialized service were referred to several services such as the Speech Language Pathologist, the Early Intervention Program, or an agency such as Alvin Buckwold Centre at University Hospital, to name a few. Follow up was also provided by myself in some cases.

Consultation

Services in this area involve dealing with other professionals about preschool children issues. This process occurs primarily through attendance at Early Childhood Intervention Program meetings and Early Childhood Case Conferences with the Rosetown Health Region Staff.

Public Education

The purpose of this activity is to raise the general public's awareness as to the Early Childhood Psychologist's role and about child development issues. This activity was done by interviews with the Kindersley Clarion and the Rosetown Eagle plus radio spots of CJYM on children's development. Another aspect of public education involves networking with other agencies in the region. This interaction was done at inter-agency meetings and on an individual basis by meeting with people from the education system and others within the Rosetown Health Region.

Professional Development

The purpose of this aspect is to improve knowledge and skills relating to Early Childhood Psychology. Attendance at the Saskatchewan Public Health Association Conference helped to provide an overview as to the many activities of Public Health. The Saskatchewan Educational Psychology Association Conference dealt with a new revised assessment instrument which we will be using. Also at that meeting I was elected to the executive of the Saskatchewan Educational Psychology Association. A workshop dealing with the Diagnostic Inventory Screen on Children dealt with the standardized programming, two of which will be used by the Early Childhood Intervention Program staff in their programming. Knowledge of this instrument is necessary as the Early Childhood Psychologist does much consultation with the Early Childhood Intervention Program staff in regards to their cases.

Administration

This aspect involves activities related to central office and regional office. My orientation was completed during the year. As part of this, time was spent with the Early Childhood Psychologists in Yorkton and Moose Jaw Health Regions. During the year regular Early Childhood Psychologist's meetings were held. The Early Childhood Psychologists undertook several projects - mission statement which defines the role of the Early Childhood Psychologist, new information forms, and a brochure.

The creation of new reporting forms was done by a committee of Early Childhood Psychologists which I chaired. The forms which are related to the mission statement will be in use with the new fiscal year. The brochure which explains with an Early Childhood Psychologist does has been developed but has not been printed up yet.

Municipal Health Representative meetings were attended in Rosetown and Kindersley as well as some Board meetings. Time was also spent on the orientation of a new Early Childhood Psychologist from Swift Current.

My duties as Early Childhood Psychologist are divided between the Rosetown Health Region which receives 40% of my time and the Saskatoon Rural Health Region which receives 60%. I have very much enjoyed working in the Rosetown Health Region and thank the people in the region for their support.

EARLY CHILDHOOD PSYCHOLOGIST

STATISTICS FOR APRIL 1/86 - MARCH 31/87

Type of Problem	Number of Initial Visits	Follow-up Visits
Developmental	43	14
Behavioral	22	3
Multiple	2	2
	67	19

NUTRITIONIST'S REPORT

Maggie Pioro

During the major part of 1986, the Nutritionist office was vacant due to maternity leave. The office was functional part-time November and December, 1986 and full-time starting January, 1987.

Priorities

The promotion and interpretation of nutrition information to the public health staff and the community remain the main priority. All programs, projects and professional development is undertaken to benefit both the North Battleford Health Region #13 and Rosetown Health Region #7.

The main focus of the role of the nutritionist is to disseminate professional information as a consultant to medical professionals and to instruct community lay leaders.

Nutrition Consultation and Promotion

Nutrition information updates are offered at nursing staff conferences. The role of nutrition in the Preschool Core Program, Prenatal Class Series, Infant Feeding and Senior Feeding continues to hold the main focus.

Promotion of nutrition information in the community was dealt with and introduced through Nutrition Month; through group presentation programs such as "Cooking Without Sugar" and "Putting Canada's Food Guide on Your Plate" and through workshops to Weight Control Group Leaders and Home Care Workers. Mass media of newspaper, radio and television continued to be utilized for nutrition promotion.

NUTRITIONIST SERVICES STATISTICS

I. Presentations

	H.R. #13	H.R. #7	Attendance
Professional Community Groups	2	--	15
Community Groups	4	2	261
Interagency/Interdisciplinary	1	--	37

II. Media and Special Material Production

	H.R. #13	H.R. #7	Both H.R.'s
Newspaper Release (#13,#7)			52
Radio Spots	16	26	42
Radio/Newspaper Interviews			2
Bulletin Board Displays			3
Resource Material Development			1

III. Inservice and Orientation

Public Health Nursing Conference presentations (#13 - 2, #7 - 1)
Orientation for New Staff - (0)

IV. Information

	1984-85	1985-86	1986-87
Queries for information, material or nutrition aids	577	494	445
Diet Therapy Consultations	51	47	24

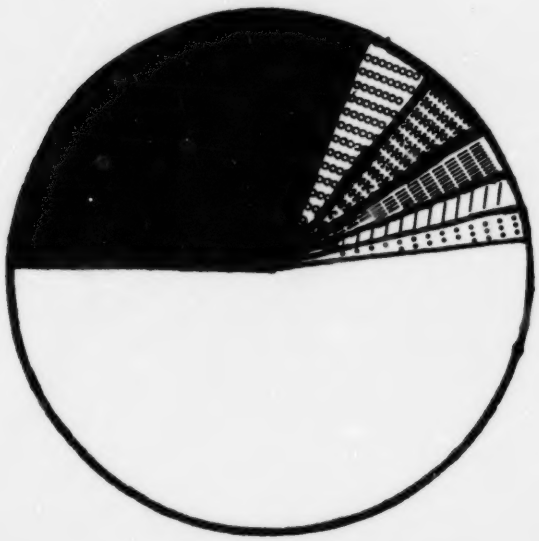
SPEECH LANGUAGE PATHOLOGY REPORT

Lori Bastness Olson

Speech and language clinics were held in Outlook, Rosetown, Biggar, Kindersley, Kerrobert and Leader. These clinics were shared by Christine Bolen and Lori Bastness Olson until Christine's resignation April 30, 1986. For the remainder of the year, the entire region was covered by one Speech Language Therapist. A recent reorganization of clinics requires Outlook clients to attend clinic in Rosetown and Kerrobert clients to attend in Kindersley.

Preschool children have continued to comprise 90% of the caseload, with adults filling 10%. The Communication Screen tool, part of the Core Screening Program, has continued to be effective in identifying 2.10 - 3.9 year olds requiring speech and language therapy. Referrals for younger children have increased, an important part of early intervention. The referrals are made by the Public Health Nurse, Early Childhood Psychologist, physicians, parents, or other agencies such as hospitals, Children's Rehabilitation Centre, and Alvin Buckwold Centre. The total number of referrals made by the Public Health Nurses from the Communication Screen during 1986-1987 was 51. This shows a dramatic increase from the previous year, as well as an increased awareness of speech and language development.

Percentage (%) of Diagnosis and Treatment Speech Language Pathology 1986-1987:



Hearing Impaired	- 1%
Fluency	- 1%
Voice	- 3%
Stroke	- 7%
Mentally Retarded	- 5%
Language	- 32%
Articulation	- 51%
	100%

Services to adult clients will remain at 10% due to the limited professional staff. A provincial-wide adult stuttering clinic was held in March for the first time. Further clinics will continue with focus on the adult population.

Public education activities have continued to be an important part of the speech and language program. May is Speech and Hearing Month, and provides an excellent opportunity to share valuable information. Activities include radio spots and bulletin board displays throughout the region.

Coordination of programming within the Region has continued to increase the effectiveness of services. An interdisciplinary team including the Speech Language Pathologist, Early Childhood Psychologist, Public Health Nurses and Regional Director meet for Early Childhood Case Conferences to plan for clients requiring a number of services. Participation in the Early Childhood Intervention Program continued throughout the 1986-1987 year. The strength of the Admission and Review Committee continued to develop with the team of professionals and parents involved. Two Early Childhood Intervention Program boards were served, both on the east and west side of the region.

Other involvement in the community included visits to the playschool, developmental centres, and hospitals. Visits and correspondence with the city included the University Hospital Cleft Palate Team, Alvin Buckwold Centre and the Children's Rehabilitation Centre.

A large number of preschool children through the region have continued to receive services although only one Speech Language Pathologist remains. Due to the large caseload over a large area, the frequency of visits are limited. A priority caseload is important and will continue to be important as only one therapist will serve both the east and west side of the Health Region.

Working in the region has been challenging and rewarding with dedicated staff willing to share many responsibilities. I would also like to wish our Director, Bea Wichert, the very best in her retirement and happiness in the future.

SPEECH LANGUAGE PATHOLOGIST'S STATISTICS

	1986-87
Public Health Nurse - referral from 3-year screen	58
- all other PHN referrals	36
Early Childhood Psychologist	4
Physicians	3
Saskatchewan Hearing Aid Plan (S.H.A.P.)	0
Parent	2
Other (includes other Speech Language Pathologists, Early Childhood Intervention Programs, Hospitals, etc.)	9
TOTAL REFERRALS - ALL SOURCES	112

CHIROPODY PROGRAM REPORT

Chiropodist - Dr. N. Perry
Chiropody Assistant - Sydney Steer

Well, yet another year has passed in this quaint prairie community! Chiropody wise, our workload has been busy, varied and interesting.

Since last year, there has been a few changes in the Provincial Chiropody Program. In mid-November 1985, Dr. Hannah Worbey took up position with the Prince Albert Health Region, which released me to concentrate all my energies on the very slow development of the Chiropody Services within this Health Region.

Dr. Gerry Shortland, Chiropodist in the Weyburn Health Region, decided to part company with us all in early December 1986. His valuable and varied input into the few days allocated to us for professional development will be sadly missed.

In-services and presentations have been given to all requesting parties. All Special Care Homes, Diabetic Associations and Senior Citizens Groups have received presentations, as well, as many others too numerous to mention. Radio talks on the CJYM Radio Network in Rosetown were given several times throughout the year.

Our caseload has slowly increased in all clinics, and our satellite clinics in Kindersley and Biggar are now visited three days per month.

I have covered the North Battleford Region for a few days and am now working in the Saskatoon Chiropody Clinic four days per month. This puts a whole new meaning to the words, "Flying Doctor"!

Any person who has foot problems and who may benefit from services of a Chiropodist, may receive such services upon referral from a Physician, Public Health Nurse, or Home Care Nursing Co-ordinator. Any resident of Saskatchewan, who has a valid health services card will be eligible to receive professional services at no charge. Where orthotics or special footwear modifications will be required, these will be the individual's responsibility.

The practice of Chiropody deals with the diagnosis and treatment of diseases, injuries, and defects of the human foot by medical, mechanical and minor surgical means. This includes the physical examination of the

lower extremities alone and in relation to the rest of the body. Foot diseases are treated in many ways including physical therapy, minor surgery and application of medication.

Scope of practice involves treatment of callosities, corns, pressure keratoses, conditions such as thickened nails, neglected nails, ingrown nails, fungal infections of the nails and/or skin, plantar warts, diabetic ulcers, structural and mechanical problems and injuries to the foot.

Locations of Chiropody Clinics in the Rosetown Health Region:

Rosetown: 2nd Floor, Provincial Building,
122 - 2nd Avenue West,
Rosetown, Saskatchewan.
S0L 2V0
Telephone: (306) 882-2633

Kindersley: 117 - 3rd Avenue East, 1st, 2nd and 4th Wednesdays.
Box 160,
Kindersley, Saskatchewan.
S0L 1S0
Telephone: (306) 463-6538

Biggar: Biggar Union Hospital, 1st, 2nd and 3rd Mondays.
Box 218
Biggar, Saskatchewan.
S0K 0M0
Telephone: (306) 948-3357

I do hope that during the coming fiscal year, much more use of our services is made to ensure the continuance of the Chiropody Program within this Health Region.

In conclusion, I would like to say that I have very much enjoyed my work as a Chiropodist throughout the past two years within this Health Region. I have especially enjoyed a close and cordial working relationship with all persons I have come in contact with during the deliverance of my daily duties, and I would like to say a big "Thank you" to all of them too numerous to mention.

Lastly I would like to thank all the staff of the Community Health Services Office for their support and hard work in the effective delivery of the Chiropody Program, especially and most sincerely my assistant, Sydney Steer, without whose valuable help and guidance - at times, could not have made any of this possible.

CHIROPODY STATISTICS

CATEGORY OF PATIENTS BY LOCATION April 1986 - March 1987

ROSETOWN

	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
	617	114	308	459	1,498
% of Total	41.2%	7.6%	20.6%	30.6%	100%

KINDERSLEY

	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
	204	28	136	98	466
% of Total	43.8%	6%	29.2%	21%	100%

BIGGAR

	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
	225	8	139	73	445
% of Total	50.6%	1.8%	31.2%	16.4%	100%

GRAND TOTAL	1046	150	583	630	2,409
% of Total	43.4%	6.2%	24.2%	26.2%	100%

DEFINITIONS:
Category 1: Medically at Risk Elderly (65+)
Category 2: Medically at Risk General Population
Category 3: Well Elderly (65+)
Category 4: Well General Population

COMMUNITY THERAPY PROGRAM REPORT

Lee Hall

The Community Therapy Program was brought over to Community Health Services Branch in October 1986. Physiotherapy and Occupational Therapy Services had previously been delivered to rural residents by the Northwest Regional Services out of North Battleford.

The primary elements of the Community Therapy Program are treatment, consultation and education. The program has a preventive, as well as a curative focus. The objective is to improve the productivity and quality of life for individuals with physical and functional disabilities. The program is designed to help clients regain their independence to the highest level possible.

The program emphasizes a community focus. Services are provided to hospital and special care home inpatients, outpatients, Home Care and Public Health clients, schools, recreational functions and other community-related agencies. Referrals for service are made to the Community Therapist by the client's physician.

Lee Hall, Community Therapist, works on a part-time basis to provide services in the Biggar and Kerrobert areas. The Community Therapist provides service from the Biggar Physiotherapy Clinic approximately three days a week. The Hospital has provided the space with a substantial amount of equipment.

Patients in the Biggar Hospital are seen on a consultation basis and appropriate exercise programs are set up with necessary recommendations made.

Outpatients are seen from the Town of Biggar and from many other points surrounding Biggar. Patients from Landis, Rosetown, Outlook and Dinsmore have received service on an individual referral basis.

Diamond Lodge Nursing Home receives on-going weekly service. Some patient treatment is provided, as well as assessing patients and setting up appropriate programs according to their abilities.

The community on a whole is receiving regular service. The school which has some children who are developmentally delayed receive service quarterly during the school year. Programs from Children's Rehabilitation Centre and Alvin Buckwold Centre are carried over by the Community Therapist and teachers within the school setting. Parent input and participation is encouraged.

Various sports groups have had the input of the Program. The Community Therapist has been helpful in setting up exercise programs for the athletes and consultation on various injuries and sporting events.

Staff education plays an important role in both the hospital and nursing home setting to enable exercise program follow-through.

Home visits also have a place within the Community Therapy Program. Home visits are provided to patients who are unable to come to the hospital for treatment, or patients who require some equipment modification within the home to increase their mobility. Home Care clients also receive consultation and assessment by the Community Therapist. Appropriate programming is set up and Home Care staff are instructed to ensure adequate carryover of treatment.

In November 1986, Lee Hall began giving community therapy service from the Physiotherapy Room in the Kerrobert Hospital. She travels to Kerrobert each Tuesday. A total range of community therapy services is provided at Kerrobert. Outpatients are seen from Dodsland, Kerrobert, Luseland, Tramping Lake, Coleville, Major and Kindersley.

Both Buena Vista and Pioneer Haven Nursing Homes in Kerrobert have made use of the service being offered in both treatment programs and inservice for staff.

The Developmental Centre in Kerrobert is receiving quarterly visits within the school year. Programs are set up for the various abilities of the special needs children. Both teacher and parent participation was reviewed and program followthrough is good.

Corrine Friend, Community Therapist, provided part-time community therapy services in the Rosetown and area from November 1, 1986 to February 13, 1987. We were sorry to see Corrine move away to British Columbia. We are trying to recruit a qualified person to take over community therapy duties in the southern half of the Region.

I would like to thank the Rosetown Health Region Staff and Board for making me feel an important part of their staff. I am looking forward to a challenging and interesting year within this Region.

COVERED POPULATION AS AT JUNE 30, 1986
BY AGE, GROUP, AND SEX

AGE	MALE	FEMALE	TOTAL
Under 1	350	357	707
1 - 4	1,530	1,491	3,021
5 - 14	3,375	3,074	6,449
15 - 24	3,460	3,080	6,540
25 - 64	10,078	9,298	19,376
65 - 74	1,815	1,878	3,693
75+	932	1,296	2,228
TOTALS	21,540	20,474	42,014

HEALTH REGION STATISTICS

VITAL STATISTICS

	1985	1986
Population	42,363	42,014
Births	794	784
Total Infant Deaths	8	10
Still Births	4	3
Under 28 Days (Neonatal)	3	6
28 Days - 12 Months	1	1
Maternal Deaths	0	0
Total Deaths	341	364

NUMBER OF BIRTHS OCCURRING IN ROSETOWN HEALTH REGION IN 1986 BY MOTHER'S AGE AND MARITAL STATUS:

	TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44
Total	784	1	52	250	299	149	27	6
Married	682		15	211	285	142	23	6
Other	102	1	37	39	14	7	4	

DEATHS OF HEALTH REGION #7 RESIDENTS

1986

(Selected Causes)

CAUSE OF DEATH	M	F	TOTAL
All Cancer	58	30	88
Ischaemic Heart Disease	63	32	95
Cerebrovascular Disease	12	11	23
Pulmonary & Other Heart Disease	14	16	30
Other Diseases of Respiratory System	22	11	33
Transport Accidents	16	3	19
Accidental Falls	2	1	3
Suicide	6	0	6
Homocide	1	0	1
ALL CAUSES OF DEATH	229	135	364

APPRECIATION

TO THE MEDIA:

The Rosetown Regional Board of Health and staff of Rosetown Health Region #7 express sincere thanks to the Radio Stations and Weekly Newspapers for publicizing our public health programs.

Radio Stations:	CJYM in Rosetown
	CFQC in Saskatoon
Weekly Newspapers:	The Rosetown Eagle
	The Kindersley Clarion
	The Kerrobert Citizen
	The Outlook
	The Elrose Review
	The Eston Press
	The Biggar Independent

TO VOLUNTEERS:

Health Region staff extend a warm thank you to all volunteers, and everyone who assisted us in any way to carry out our public health programs.